

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105454

1. Entity Name

THERAPY-WORKS OF BRADENTON, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90077 031 ***150.00

Principal Place of Business

4910 14TH ST. W., STE 203
BRADENTON FL 34207

Mailing Address

4910 14TH ST. W., STE 203
BRADENTON FL 34207

00010920



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

490 CS+L CPA'S

3. Mailing Address

490 CS+L CPA'S

Suite, Apt. #, etc.

1001-3rd Ave. W. Ste. 700

Suite, Apt. #, etc.

1001-3rd Ave. W. Ste. 700

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number 65-0970076

Applied For

Not Applicable

Zip

34205-7862

Country

MANATEE

Zip

34205-7862

Country

MANATEE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOUGLASS, DANA S
6614 PEACHTREE CREEK ROAD
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME HUNTER, LORI L
STREET ADDRESS 13515 5TH AVE NE
CITY-ST-ZIP BRADENTON FL 34202 ☐ Delete

TITLE VP
NAME DOUGLAS, DANA S
STREET ADDRESS 6614 PEACH TREE CREEK RD
CITY-ST-ZIP BRADENTON FL 34203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)